

DO NOT WRITE IN
MARGIN
RESERVED FOR DDH
DATA CODING

Reg. Dist. No.

Primary Reg. Dist. No.

Registrar's No.

Ohio Department of Health
VITAL STATISTICS

State File No.

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

a. _____
b. _____
c. _____
d. _____
e. _____

1. Decedent's Name (First, Middle, Last) WILLIAM BRADLEY				2. Sex MALE		3. Date of Death (Month, Day, Year) 01/09/2005	
4. Social Security Number 402-32-3504		5a. Age-Last Birthday (Years) 78		5b. Under One Year Months _____ Days _____		5c. Under 1 Day Hours _____ Minutes _____	
6. Date of Birth (Month, Day, Year) 5/5/26		7. Birthplace (City, County and State or Foreign Country) Elizabethown KY					
8. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. Place of Death (Check Only One) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Prison					
9b. Facility Name (If Not Institution, Give Street and Number) Corrections Medical Center				9c. City, Village, Twp., or Location of Death Columbus		9d. County of Death Franklin	
10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) Widowed		11. Surviving Spouse (If Wife, Give Maiden Name)		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Machinist		12b. Kind of Business/Industry Manufacturing	
13a. Residence-State Ohio		13b. County Franklin		13c. City, Town, Twp., or Location Columbus		13d. Street and Number 1335 Fair Ave	
13e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP Code 43205		14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)		15. Race-American Indian, Black, White, etc. (Specify) Black	
				16. Decedent's Education (Specify Only Highest Grade Completed) Elementary/Secondary (0-12) 5th grade College (1-4 or 5+)			

DECEDENT

IF DEATH OCCURRED
IN INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION →

PARENTS

INFORMANT

17. Father's Name (First, Middle, Last) Billie Bradley (Deceased)		18. Mother's Name (First, Middle, Maiden Surname) Cora Simms-Bradley (Deceased)	
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19a. Informant's Name (Type/Print) Diane Filibeck		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) Mansfield Correctional Inst - POB 788 Mansfield, OH 44901	
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DISPOSITION

20a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place) OSR Cemetery		20c. Location City or Town, State Mansfield, OH	
20d. Date of Disposition Jan. 11, 2005		21a. Name of Embalmer (First, Middle, Last) None		21b. License Number N/A	

REGISTRAR

22a. Signature of Funeral Director or Other Person [Signature]		22b. License Number (of Licensee) 9047		23. Name and Address of Facility (Include City, State and ZIP code) Mansfield Correctional Institution P O Box 788 Mansfield, OH 44901	
24. Registrar's Signature [Signature]		25. Date Filed (Month, Day, Year) 3/1/05			

f. _____
g. _____
h. _____
i. _____

CERTIFIER

26a. Signature of Person Issuing Permit [Signature]		26b. Dist. No. 20		27. Date Permit Issued 1/11/05	
28a. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
28b. Time of Death 8:30 PM		28c. Date Pronounced Dead (Month, Day, Year) 01/09/2005		28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28e. Signature and Title of Certifier [Signature]		28f. License Number 35-67202-A		28g. Date Signed (Month, Day, Year) 01/10/2005	

j. _____
k. _____
l. _____
m. _____
n. _____
o. _____
p. _____
q. _____
r. _____
s. _____
t. _____
u. _____

CAUSE OF DEATH

SEE INSTRUCTIONS
ON REVERSE SIDE

29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code) MARTIN AKUSOBA MD 1990 HARMON AVENUE COLUMBUS OH 43221					
30. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.					
Immediate Cause (Final disease or condition resulting in death)		a. HYPOTHEMIA			Approximate Interval Between Onset and Death 1 DAY
Sequentially list conditions, if any, leading to the immediate cause.		b. Due to (or as a Consequence of) ASPIRATION PNEUMONIA			5 DAY
Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)		c. Due to (or as a Consequence of) NON SMALL CELL LUNG CANCER			1 YEAR
d. Due to (or as a Consequence of)					
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. (B) FRONTAL BRAIN METASTASIS					
31a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could Not be Determined		33a. Date of Injury (Month, Day, Year)		33b. Time of Injury M	
		33c. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		33d. Describe How Injury Occurred	
		33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify)		33f. Location (Street and Number or Rural Route Number, City or Town, State)	